**Application or Docket Number** 

Effective October 1, 2000									04/680545					
CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS							RAT	E	FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			al minus 20=		• Ø		X\$ :	)=		OR	X\$18=	Ø		
INDEPENDENT CLAIMS			3 m	inus 3 =	0		X40	 )=		OR	X80=	0		
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT		N		+13!			1	+270=	0		
* If the difference in column 1 is less than zero, enter						column 2	TOT			OR OR	TOTAL	710-		
(Column 1) (Column 2) (Column 2)						(Column 3)		OTHER THA SMALL ENTITY OR SMALL ENTITY				THAN		
A		CLAIMS		HIGH					ADDI-	1		ADDI-		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT	RAT	Ε	TIONAL FEE		RATE	TIONAL FEE		
	Total	·- 20	Minus	QC	)	= Ø:	X\$ 9	)=	1	ÖR	X\$18=	1/		
	Independent	· 3	Minus	(	3_	= 'Ø	X40	=	X	OR	X80=			
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM	4	+135	/			+270=	•		
(2) The second of the secon								TAL		OR	TOTAL	. eg 4		
							ADDIT.			OR	ADDIT. FEE			
-		(Column 1)		(Colur		(Column 3)						•		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total		Minus	••		=	X\$ 9	=		OR	X\$18=			
	Independent		Minus	***		<u> </u>	X40	_		OR	X80=	`		
		NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		+135	=		OR	+270=			
14.		• • • • • • • • • • • • • • • • • • • •						ΓAL		OR	TOTAL			
							ADDIT. F	EE		JON	ADDIT. FEE	·		
_		(Column 1) CLAIMS		(Colur		(Column 3)								
ENTC		REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	•	Minus	••		=	X\$ 9	_		OR	X\$18=	7 (		
ME	Independent	•	Minus	***		<b>=</b>	X40:	_			X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_		OR	700=			
							+135			OR	+270=			
••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE			
* *		mber Previously Pa ber Previously Pa					ADDIT. F r found in the		ropriate box					